FEC FORM 1

STATEMENT OF ORGANIZATION

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2016 FEB 17 AM 11: 45

	NAME OF COMMITTEE (in full)	(Check if name is changed)	ne Example: If typing, ty over the lines.	TELETIE	o representante de la companya del companya de la companya del companya de la com	
	Hosanna 6	inay-Hilly	POWELL Dev	ine Orde	r Way Cam-	
	Rangin For	7 / he Year	. 2016, Pres	indency U	ti /he USM	
	ADDRESS (number and stre					
2 0 1	(Check if address is changed)	Detroit	Michigan	Mů H	8,2,4,4,-0,0,6,1	
6 0	COMMITTEE'S E-MAIL AD	odress Prophet	hosanna 16	Vanco. C.O.	ZIP CODE A	
2	(Check if address is changed)	# 11.0,5,a,N,N,a	Gray. Hill	PoWeLLDe	Viine Urder	
Geing	, Set up	Optional Second E-M	lail Address		1	
	,		'	<u> </u>		
Ō	COMMITTEE'S WEB PAGE					
0 0	(Check if addres is changed)	ss.				
Bein	g slet up					
Ó	2. DATE 0 2 1	10, 2016			. 	
	3. FEC IDENTIFICATIO	N NUMBER ▶	on in a marian de la compansión compansión de la compansi	2000 -} -2 -0 d		
	4. IS THIS STATEMENT	NEW (N)	OR AMENDED	(A)		
	I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Type or Print Name of Treasurer Rev. Michel Complete.					
	Type or Print Name of Trea	asurer Nev. 110/1	GEL CLOSS			
	Signature of Treasurer	Rev. Michael	Cross	Date O 2	10 2016	
	NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.					
	Office Use		For further information (Control Free ROP 424)	Commission	FEC FORM 1 (Revised 06/2012)	

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		ОММІТТЕЕ				
Can	didate	e Committee:				
(a)		This committee is a principal campaign committee. (Complete the candidate information below.)				
(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)				
Name Cand	-	Hosanna Jesse OLiver Gray Hosanna				
Cand Party	idate Affiliatio	Office Senate President Office Sought: House Senate President District				
(c)	Control	This committee supports/opposes only one candidate, and is NOT an authorized committee.				
Name Cand						
Part	у Соп	nmittee:				
(d)	And the same	This committee is a (National, State (Democratic, Republican, etc.) Party.				
Poli	tical A	ction Committee (PAC):				
(e)	1	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a				
		Corporation Corporation w/o Capital Stock Labor Organization				
		Membership Organization Trade Association Cooperative				
		In addition, this committee is a Lobbyist/Registrant PAC.				
(f)	A STATE OF THE STA	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)				
		In addition, this committee is a Lobbyist/Registrant PAC.				
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)				
Join	t Fund	draising Representative:				
(g)	The state of the s	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.				
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.				
	Com	nmittees Participating in Joint Fundraiser				
	1.	FEC ID number				
	2.	FEC ID number				
	3.	FEC ID number C				
	4.	FEC ID number				

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Write or Type Committee Name			
	 ·		
6. Name of Any Connected Organization, Affiliated Comm	ittee, Joint Fundraising Rep	resentative, or Leaders	ship PAC Sponsor
			<u> </u>
Mailing Address			
			
			-
СІТҮ		STATE	ZIP CODE
Relationship: Connected Organization Affiliated Co	mmittee 🖟 🖟 Joint Fundraisin	g Representative	eadership PAC Sponsor
ಕ್ರೀಪ ೆ ಹಿಂಬೆ	4a.at	New Y	
 Custodian of Records: Identify by name, address (phone books and records. 	number optional) and posi	tion of the person in po	ssession of committee
Full Name HOSANNA, Jesse	Diver Gr	. α .Υ	Hosanna
Mailing Address	161		
	191.1 1 1 1 1 1 1	, , , , , , , , , , , , , , , , , , , 	
Detroit		Mi 4.8.2	244-0061
Title or Position CITY		STATE	ZIP CODE
 	Telephone nu	mber ii	
Treasurer: List the name and address (phone number o any designated agent (e.g., assistant treasurer).	otional) of the treasurer of th	e committee; and the na	arne and address of
Full Name HOSQNNQ Jesse	D. Gray + Re	V. Michae	I Cross
Mailing Address			ليحبحب
Detroit	1.6.7	M7 487	944-0061
Title or Position		STATE	ZIP CODE
RUNNING 4 President	Telephone nu	mber $2\sqrt{3}-6$	(6.2) - 12.2 <u>.4.9</u>
<u>L</u>		AB3	

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Full Name of

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Federal Electron Commission 999 E. Street N.W.

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Medium of the markings.

Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMMISSION The FEC added this page to the end of this filing to incommission.	MING DOCUMENTS
Hand Delivered	Date of Receipt
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USPS Registered/Certified	Postmarked (R/C) 2/10/16
USPS Priority Mail	Postmarked
USPS Priority Mail Express	Postmarked
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